

**AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS**

TYPE: ☐ IXC

☒ CLEC

☐ ILEC

☐ Wireless

243859

**CERTIFICATED COMPANY INFORMATION**

2013-12-A

Genesis Telecommunications

Company Name

FEIN/SSN

Db/a/fka

Telephone #

P O Box 675

Mailing Address

Greenwood SC 29648

City, State, Zip Code

104B Maxwell Ave

Business Location

Greenwood SC 29646

Greenwood

City, State, Zip Code

County

**REGISTERED AGENT INFORMATION**

Registered Agent: John Lawrence

Mailing Address: P O Box 675

Greenwood SC 29648

City, State, Zip Code

**Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:**

Barbara Bennett

A. **General Manager** (Include Address if different than above)

864-323-0100 / 864-323-0125 / barbarab@gogenesis.com

Telephone Number / Facsimile Number / E-mail Address

Barbara Bennett

B. **Customer Relations/Complaints Representative** (Include Address if different than above)

864-323-0100 / 864-323-0125 / barbarab@gogenesis.com

Telephone Number / Facsimile Number / E-mail Address

John Lawrence

C1. **Customer Relations/Complaints Representative for Escalated Complaints** (Include Address if different than above)

864-323-0100 / 864-323-0125 / john@gogenesis.com

Telephone Number / Facsimile Number / E-mail Address

866-230-5274

C2. **Customer Contact (Toll Free Number)**

John Lawrence

D. **Engineering Operations** (Include Address if different than above)

864-323-0100 / 864-323-0125 / john@gogenesis.com

Telephone Number / Facsimile Number / E-mail Address

John Lawrence

E. **Test and Repair** (Include Address if different than above)

864-323-0100 / 864-323-0125 / john@gogenesis.com

Telephone Number / Facsimile Number / E-mail Address

John Lawrence

F. **Emergencies** (During Non-Office Hours)

864-323-0100 / 864-323-0125 / john@gogenesis.com

Telephone Number / Facsimile Number / E-mail Address

RECEIVED

MAY 14 2014

ONE STOP FILE

**In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:**

- John Lawrence**  
G. **Regulatory Officer** (Include Address if different than above)  
864-323-0100 / 864-323-0125 / john@gogenesis.com  
Telephone Number / Facsimile Number / E-mail Address  
**Barbara Bennett**
- H. **Dual Party Mailings** (Name)  
PO Box 675 Greenwood SC 29648  
(Mailing Address)  
864-323-0100 / 864-323-0125 / barbarab@gogenesis.com  
Telephone Number / Facsimile Number / E-mail Address  
**Barbara Bennett**
- I. **Interim LEC Fund Mailings** (Name)  
P O Box 675 Greenwood SC 29648  
(Mailing Address)  
864-323-0100 / 864-323-0125 / barbarab@gogenesis.com  
Telephone Number / Facsimile Number / E-mail Address  
**Barbara Bennett**
- J. **Universal Service Fund Mailings** (Name)  
P O Box 675 Greenwood SC 29648  
(Mailing Address)  
864-323-0100 / 864-323-0125 / barbarab@gogenesis.com  
Telephone Number / Facsimile Number / E-mail Address  
**Barbara Bennett**
- K. **Gross Receipts Mailings** (Name)  
P O Box 675 Greenwood SC 29648  
(Mailing Address)  
864-323-0100 / 864-323-0125 / barbarab@gogenesis.com  
Telephone Number / Facsimile Number / E-mail Address  
**Barbara Bennett**
- L. **Lifeline Mailings** (Name)  
P O Box 675 Greenwood SC 29648  
(Mailing Address)  
864-323-0100 / 864-323-0125 / barbarab@gogenesis.com  
Telephone Number / Facsimile Number / E-mail Address

**Barbara Bennett**  
This form was completed by  
General Mgr.  
Title

*Barbara Bennett*  
Signature  
/ 5/3/13  
Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC  
Docketing Department  
Post Office Drawer 11649  
Columbia, South Carolina 29211  
And  
Office of Regulatory Staff  
Attn: Jeanne Gordon  
1401 Main Street, Suite 900  
Columbia, South Carolina 29201